U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

✓ READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number L - 10323		2. Fiscal Year Covered From:		
,		1 / 1 / 2004 Through: 1:	2 / 31 / 2004	
3. Name and adcress of person fili	ng.	Name, file number, and accress of labor organization.		
Name Rodney	Clay	Name United Ass. of Plumbers & I	<del>-</del>	
P.O. Box, Bldg., Room No , if any		P.O. Box, Building and Roon Number, if any		
Street 311 South Elder St		Street 575 No. Ralstin		
City Nampa		City Meridian		
State Idaho	ZIP Code + 4 83686	State Idaho Zi	P Code + 4 83642	
5. Position in labor organization.	Training Coordinator			

Enter appropriate data below if, during the past "scal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, <sup>⊤</sup> ransa≾tion, or Income.				
Name Idaho State AJTC	5-17-04, travel reimbursement for traveling to Blackfoot Idaho, teach Oegon class 5 upgrade class. Mileage, Meals, \$231.13				
Trade Name, if any: Training Trust	11-22-04, travel reimbursement for traveling to Pasco WA, Class 5 training classes, Meals, Lodging,				
P.O. Box, Bldg., Room No., if any	7.b. Amount.				
Street 575 Nc. Ralstin					
City Meridian	\$560				
State Idaho ZIP Code + 4 83642					

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Office And Andrews	On	08/15/2005 Date	(208) 463-4437 Telephone Number	